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| Missouri Department of Health and Senior Services WIC and Nutrition Services NUTRITION RECORD REVIEW WORKSHEET FOR CHILD Reporting Fiscal Year: 2010 | | | | | LOCAL WIC PROVIDER NAME: MONITOR DATES: WIC STAFF: Scope of Work reference sections 2.0, 5.0, and 7.0 | | | | | |
| DESCRIPTION | Indicate Repeat Finding with x | ER# | | HR Child | | Child (Optional) | | Optional | | Optional |
| I. CERTIFICATION | | | | | | | | | | |
| A. Participant Record | | | | | | | | | | |
| 1. State ID | | 3.02600 | | | | | | | | |
| 2. Date of birth | | 3.01700 | | | | | | | | |
| 3. Certification date | | -- | | | | | | | | |
| 4. Risk factors | | 2.02800 | | | | | | | | |
| a. CPA-assigned risk factors are appropriate. | | 2.02800 | | | | | | | | |
| b. Supporting documentation is on file. | | 2.02800 | | | | | | | | |
| B. VENA | | | | | | | | | | |
| 1. VENA form scanned to participant record. | | 2.02850 | | | | | | | | |
| 2. VENA reviewed by CPA within 60 days, or 30 days for high risk. | | 2.01650, HNAH | | | | | | | | |
| C. High Risk Care Plan | | | | | | | | | | |
| 1. Care plan completed - all areas of SOAP note completed | | 2.02900 | | | | | | | | |
| 2. At least one high risk nutrition education contact provided by nutritionist each certification period. | | 2.06100, 2.02900, SOW 9.2.2.1, 5.1.1 | | | | | | | | |
| D. Medical Documentation | | | | | | | | | | |
| 1. State form used and completed appropriately. | | 2.07000, 2.07800 | | | | | | | | |
| a. State form scanned. | | 2.07000, 2.07800, 2.02850 | | | | | | | | |
| 2. Health Care Provider request signed/dated. | | 2.07000, 2.07800 | | | | | | | | |
| 3. Appropriate approval documented. | | 2.07000, 2.07800 | | | | | | | | |
| 4. Foods Issued are what is prescribed on form. | | 2.07000, 2.07800 | | | | | | | | |
| 5. Issuance of formula is within approval time frame. | | 2.07000, 2.07800 | | | | | | | | |

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| DESCRIPTION | Indicate Repeat Finding with x | ER# | | HR Child | | Child (Optional) | | Optional | | Optional |
| 6. Whole milk is issued appropriately. | | 2.07800 | | | | | | | | |
| E. Food Package | | | | | | | | | | |
| 1. Food Package is appropriate. | | 2.07000, 2.07600, 2.07800, 2.07900, 2.06950, 2.08100 | | | | | | | | |
| II. NUTRITION EDUCATION | | | | | | | | | | |
| A. Nutrition Education Documentation | | | | | | | | | | |
| 1. Nutrition education appropriate to risk | | 2.06100 | | | | | | | | |
| 2. Appropriate nutrition/health goal written | | HNAH | | | | | | | | |
| 3. Missed/refused nutrition education documented for prior certification period | | 2.06100 | | | | | | | | |
| 4. Two nutrition education contacts for prior certification period | | 2.06100 | | | | | | | | |
| 5. Referrals recorded correctly | | 1.01800 | | | | | | | | |
| III. CYCLE | | | | | | | | | | |
| A. Monthly, Bi-Monthly, or Tri-Monthly | | | | | | | | | | |
| 1. Cycle is appropriate for risk factors. | | 3.08100 | | | | | | | | |
| 2. Appropriate staff assigned cycle. | | 3.08100 | | | | | | | | |